ASSEMBLY THIRD READING
AB 552 (Quirk-Silva)
As Amended January 27, 2022
Majority vote

SUMMARY

Authorizes a county behavioral health (BH) agency and a local educational agency (LEA) to establish an Integrated School-Based Behavioral Health Partnership Program to provide prevention and early intervention for, and access to, behavioral health services for pupils with serious emotional disturbances (SED) or substance use disorders (SUD), or who are at risk of developing a serious behavioral health condition. Establishes requirements for county BH agencies and LEAs for designated behavioral health professionals participating in the Partnership Program including a requirement that the designated behavioral health professional provide brief initial interventions when necessary for all referred pupils. Requires private health plans to reimburse for brief initial intervention services provided by the designated behavioral health professional to pupils enrolled with the private plan at the amount a county behavioral health agency would receive for the same services provided to a Medi-Cal beneficiary if the private plan is unable to offer an appointment within existing non-urgent and appointment availability requirements.

Major Provisions

1) Establishes the Partnership Program to provide prevention and early intervention behavioral health services for pupils with SED or SUDs, or who are at risk of developing a serious behavioral health condition.

2) Authorizes a county behavioral health agency and an LEA (defined as a school district, county office of education, or charter school) to collaborate on conducting a needs assessment on the need for school-based mental health and substance use disorder services, and implement a partnership program and develop a memorandum of understanding (MOU) outlining the requirements for the Partnership Program, as provided.

3) Permits multiple LEAs within a single county to join to form a Partnership Program with the county agency. Encourages, when appropriate, the county BH agency and the LEA, to formalize the MOU and enter into a contract for the provision of mental health or SUD services.

4) Requires a county BH agency to designate and provide, through its own staff or through its network of contracted participating entities, one or more behavioral health professionals that meet the licensing and supervision requirements of one or more of the classifications listed in this bill to serve pupils with SED or SUDs, or who are at risk of developing a serious behavioral health condition, pursuant to the Partnership Program.

5) Requires the county BH agency to require any behavioral health professional who provides mental health or SUD services pursuant to a Partnership Program to contract with the health agency to provide those services and to hold an active license or credential with specified classifications, and to have a valid, current satisfactory background check.

6) Requires the LEA to provide school-based locations, including space at schools, appropriate for the delivery of behavioral health services, and requires the county BH agency and

participating entities, to collaborate with the LEA to establish hours of service at mutually agreed upon school-based locations or a process for ensuring timely interventions when needed, or both.

7) Requires the Partnership Program to identify if mental health services or SUD services, or both, will be delivered at the school-based location or through telehealth, or both, and to develop a plan for each pupil who has been identified as needing behavioral health services that are not offered at the school-based location, and requires the plan to include appropriate referral for services not offered at the school-based location.

8) Requires the designated behavioral health professional to provide brief initial interventions when necessary for all referred pupils, including uninsured and privately insured pupils, in addition to Medi-Cal beneficiaries.

9) Requires the array of behavioral health services provided pursuant to the Partnership Program to be a subset of Medi-Cal covered mental health or SUD services, and to include prevention, intervention, and, if necessary, brief initial interventions, within a multi-tiered system of support or other similar framework employed by the LEA.

10) Requires the LEA and county BH agency to develop a process to collect information on the health insurance carrier for each pupil, with the permission of the pupil's parent or guardian, to allow the county BH agency or participating entity to seek reimbursement for behavioral health services provided to the pupil, when applicable. Requires the process to include informing any participating entity which pupils referred for services are privately insured, and requires the MOU to specify how a privately insured pupil will be served if the parent or guardian does not provide the necessary information on the health insurance carrier.

11) Requires the Partnership Program, for privately insured pupils, to contact the private plan upon initiating the brief initial intervention services to facilitate a referral to the private plan's network providers, and requires the designated behavioral health professional, if the private plan is unable to offer the pupil enrolled in the plan an appointment with a network provider within 48 hours for an urgent care appointment or within 15 business days for a non-urgent appointment, to continue and complete the brief initial intervention services.

12) Requires the private plan to reimburse for brief initial intervention services provided by the designated behavioral health professional to pupils enrolled with the private plan at the amount a county BH agency would receive for the same services provided to a Medi-Cal beneficiary.

13) Requires a Partnership Program to annually report to the Department of Health Care Services (DHCS) and the Mental Health Services Oversight and Accountability Commission (MHSOAC) on the partnership and specified elements.

14) Requires the MHSOAC, in collaboration with DHCS, to provide a report to the Legislature on the Partnership Program, based upon the metrics in this bill, beginning three years after the establishment of a Partnership Program pursuant to this bill.

COMMENTS

Youth mental health crisis intensifying as a result of the COVID-19 pandemic. The American Academy of Pediatrics noted in recent guidance that "emotional and behavioral health challenges were of growing concern before the COVID-19 pandemic, and the public health emergency has only exacerbated these challenges." Prior to the pandemic, the incidence of youth mental health crises was increasing at an alarming rate. Suicide rates among youth ages 10-24 increased over 57% between 2007 and 2018, and as of 2018 suicide was the second leading cause of death for youth ages 15-19, according to the Centers for Disease Control and Prevention (CDC). Youth visits to pediatric emergency departments for suicide and suicidal ideation also doubled during this time period (Burstein, 2019).

The pandemic has dealt a particularly hard blow to students' mental health and well-being - increasing social isolation, disrupting routines, and eliminating social traditions and rites of passage, while also reducing students' access to schools, which serve as the de facto mental health system for children and adolescents. For students from families also facing economic and other challenges, the crisis is deeper still.

Meeting student mental health needs through school-based services. Across the country, school systems are increasingly joining forces with community health, mental health, and social service agencies to promote student well-being and to prevent and treat mental health disorders. Utilizing the school environment – where children spend a significant part of their day – for early intervention brings public health efforts to the students, meeting children where they are and therefore providing more accessible services to those in need. It also provides immediate and continuing resources to students without requiring families to search for already limited sources of care.

Mental health services that are provided in schools may include counseling, brief interventions to address behavior problems, assessments and referrals to other systems. Providing mental health services in a school-based setting helps address barriers to learning and provides supports so that all students can achieve in school and ultimately in life. Schools are also places where prevention and early intervention activities can occur in a non-stigmatizing environment.

According to the Author
"As a teacher for over 30 years, there has been a slow but increased understanding of mental and behavioral health especially in children. As California continues to grapple with the COVID-19 pandemic, we are experiencing an unprecedented rise in behavioral health needs among children and youth. Isolation, anxiety over the uncertainty of the immediate and long-term future, lack of peer support, and concerns with family have and will continue to take a toll with children and youth. Behavioral health, mental wellness and support will be crucial when students return to school. In order to serve the mental and behavioral needs of students and provide support to teachers, collaboration is crucial."

Arguments in Support
The County Behavioral Health Directors Association, co-sponsors of this bill, state "AB 552 would create the Integrated School-Based Behavioral Health Services Partnership Program encouraging LEAs and county behavioral health agencies to collaborate on providing on-school-campus services for students at the earliest onset of a behavioral health condition. Currently, 85% of county behavioral health agencies provide specialty mental health services on school campuses and 53% of agencies provide SUD services on campus. According to a survey of

county behavioral health agencies, a barrier encountered in expanding county behavioral health services on school campuses is the reluctance on the part of schools to allow county behavioral health professionals on campus unless all students can be served, including privately insured students. The Partnership Programs will allow LEAs and county behavioral health agencies to serve all referred students. County behavioral health professionals will provide a warm hand-off to private plan providers for privately-insured students, if a provider is available within the state mandated timely access timeframes."

Arguments in Opposition
None on file

FISCAL COMMENTS

According to the Assembly Appropriations Committee:

1) Estimated costs to DHCS of $120,000 to prepare guidance letters and bulletins regarding policies and procedures related to this bill, and to prepare the report for the Legislature (50% General Fund and 50% federal funds).

2) The MHSOAC estimates a cost of $70,000 annually, beginning in fiscal year (FY) 2025-26 (Mental Health Services Act Fund).

3) DMHC states that costs for dispute resolution and reviewing health plan reports are indeterminate, but potentially significant.

VOTES

ASM EDUCATION: 7-0-0
YES: O'Donnell, Kiley, Bennett, Megan Dahle, Lee, McCarty, Quirk-Silva

ASM HEALTH: 15-0-0
YES: Wood, Aguiar-Curry, Arambula, Cunningham, Burke, Carrillo, Flora, Maienschein, Robert Rivas, McCarty, Nazarian, Luz Rivas, Rodriguez, Santiago, Waldron

ASM APPROPRIATIONS: 12-0-4
YES: Holden, Bryan, Calderon, Luz Rivas, Gabriel, McCarty, Levine, Quirk, Robert Rivas, Akilah Weber, Stone, Mullin
ABS, ABST OR NV: Bigelow, Megan Dahle, Davies, Fong

UPDATED

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